

|                             |                         |              |                        |                                     |
|-----------------------------|-------------------------|--------------|------------------------|-------------------------------------|
| SERIAL NUMBER<br>09/171,740 | FILING DATE<br>04/20/99 | CLASS<br>424 | GROUP ART UNIT<br>1615 | ATTORNEY DOCKET NO.<br>10391/0 3001 |
|-----------------------------|-------------------------|--------------|------------------------|-------------------------------------|

APPLICANT FRANCIS XAVIER IGNATIOUS, MASSACHUSETTS, MA; THOMAS CIARAN LOUGHMAN, DUBLIN, IRELAND; SHALABY WAHBA SHALABY, PENDLETON, SC; FRANCK-JEAN-CLAUDE TOURAUD, VERNON, FRANCE.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

*JW*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED THIS APPLN IS A 371 OF PCT/IE97/00030 04/22/97

*JW*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED IRELAND

960308

04/23/96

*JW*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/13/99

|   |   |                        |                     |                    |                         |
|---|---|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>MA | SHEETS DRAWING<br>0 | TOTAL CLAIMS<br>37 | INDEPENDENT CLAIMS<br>3 |
|---|---|------------------------|---------------------|--------------------|-------------------------|

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| Verified and Acknowledged<br>Examiner's Initials <i>JW</i> | Initials _____ |
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| ADDRESS<br>JOHN D CONWAY<br>BIOMEASURE INC<br>27 MAPLE STREET<br>MILFORD MA 01757-3650 |
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| TITLE<br>SUSTAINED RELEASE IONIC CONJUGATE |
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|                                |   |   |
|--------------------------------|---|---|
| FILING FEE RECEIVED<br>\$1,434 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|--------------------------------|---|---|